

Lisa Madigan

Illinois Attorney General Franchise Bureau 500 South Second Street Springfield, Illinois 62706 (217) 782-4465

www.illinoisattorneygeneral.gov

(Click on Protecting Consumers; then Franchise information)

Franchise Complaint Form

Information about YOU:

Information about the Franchisor or Seller:

Your Name: Company Name:	Name:	
Address:	Address:	
City: State zipcode	City: State zipcode	
Your Daytime Telephone Number:	Telephone ()	
Your E-mail address: How would you like us to contact you?	Names of contact persons representing seller:	
Who referred you to this office?	Address	
	City State Zip Code	
	Telephone Email address:	
Information about the Transaction		
Did you receive a disclosure document telling you about the franchise? Yes No Date Received If yes, please submit a copy of the receipt page along with this form and other relevant documents.		
Did you sign a contract, license or agreement? Yes No (If yes, please attach a signed and dated copy) Where were you when you signed the contract? Date signed:		
Did any negotiations or offers occur in Illinois? Yes No If yes, when Describe:		
Franchise Fee Amount Paid: How was Franchise Fee Paid? Lump sum Total Investment:	callments Other	
List any oral representations or promises made to you:		
Was franchise investment advertised? Yes No If	yes, where and when?	

If yes, provide names of person(s) contacted:	Have you complained to the company or an indivi	idual? Yes No
Is your franchise currently open or closed? If closed, when did it close? Has this matter been submitted to another government agency, an arbitration service, court or to an attorney? Yes No If yes, please give name, address, telephone number of such agency, service, court or attorney. If arbitration or court case was filed, provide case #: Briefly describe the transaction and your complaint. You may use additional sheets if necessary. Please attach copies of all relevant documents, such as: dated and signed copy of receipt page, dated and signed contracts, license or franchisee agreements, financial representations etc. DO NOT SEND ORIGINALS. What outcome are you seeking? PLEASE READ THE FOLLOWING BEFORE SUBMITTING YOUR COMPLAINT: In filing this complaint, I understand that the Attorney General is not my private attorney, but rather represents the public by enforcing laws designed to protect the public from misleading or unlawful business practices. I also understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the business or the person the complaint is directed against.	Nature of complaint: Contact date: Nature of response: Date of response:	
Has this matter been submitted to another government agency, an arbitration service, court or to an attorney? Yes No If yes, please give name, address, telephone number of such agency, service, court or attorney. Briefly describe the transaction and your complaint. You may use additional sheets if necessary. Please attach copies of all relevant documents, such as: dated and signed copy of receipt page; dated and signed contracts, license or franchisee agreements, financial representations etc. **DO NOT SEND ORIGINALS** **DO NOT SEND ORIGINALS** What outcome are you seeking? **PLEASE READ THE FOLLOWING BEFORE SUBMITTING YOUR COMPLAINT:* In filing this complaint, I understand that the Attorney General is not my private attorney, but rather represents the public by enforcing laws designed to protect the public from misleading or unlawful business practices. I also understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the business or the person the complaint is directed against.	Has your franchise ever opened?	If yes, when:
If arbitration or court case was filed, provide case #:	Is your franchise currently open or closed?	If closed, when did it close?
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